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## BIB DATA SHEET

CONFIRMATION NO. 4757

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/529,428	03/24/2006	435	1633	116566-053		
<b>RULE</b>						
<b>APPLICANTS</b> Peter Anthony Campochiaro, Baltimore, MD; Michael Kaleko, Rockville, MD; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/10725 09/26/2003 which claims benefit of 60/414,048 09/27/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/03/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ILEANA POPA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> BELL, BOYD, & LLOYD LLP P.O. BOX 1135 CHICAGO, IL 60690 UNITED STATES						
<b>TITLE</b> Ocular gene therapy						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		